

**IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

**United States of America**

**Plaintiff,**

**vs.**

**Timothy Grant Jones**

**Defendant,**

)

)

)

)

)

)

)

**Case No. 2:07cr280-MHT**

**JUROR QUESTIONNAIRE CERTIFICATION**

I, \_\_\_\_\_, counsel for \_\_\_\_\_, do hereby certify that I will keep confidential the information contained in the juror questionnaires and that I agree to be responsible for their receipt, review, maintenance, and destruction. No copies of the questionnaires will be allowed to leave my office, either electronically or in hard copy. Upon completion of the empaneling of the jury I will ensure that all copies (including electronic copies) of the questionnaires of all jurors, including the questionnaires of the jurors selected to serve, are immediately destroyed and the disc is returned to the court at the time of jury selection.

I, the undersigned, make this representation with the understanding that any dissemination of juror information, either intentional or negligent, will subject me and my client to sanction as a violation of this court's instructions to keep all juror information confidential.

I, the undersigned, authorize my staff to obtain on my behalf the juror questionnaires and certify that they will keep confidential the information contained in the juror questionnaires.

Signature of Counsel of Record: \_\_\_\_\_

Printed Name of Counsel of Record: \_\_\_\_\_

Date: \_\_\_\_\_

If applicable, signature of Person Obtaining Questionnaires: \_\_\_\_\_

Printed Name of Person Obtaining Questionnaires: \_\_\_\_\_

Date: \_\_\_\_\_

**IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

**United States of America**

**Plaintiff,**

**vs.**

**Timothy Grant Jones**

**Defendant,**

)

)

)

)

)

)

)

**Case No. 2:07cr280-MHT**

**JUROR QUESTIONNAIRE CERTIFICATION**

I, \_\_\_\_\_, counsel for \_\_\_\_\_, do hereby certify that I will keep confidential the information contained in the juror questionnaires and that I agree to be responsible for their receipt, review, maintenance, and destruction. No copies of the questionnaires will be allowed to leave my office, either electronically or in hard copy. Upon completion of the empaneling of the jury I will ensure that all copies (including electronic copies) of the questionnaires of all jurors, including the questionnaires of the jurors selected to serve, are immediately destroyed and the disc is returned to the court at the time of jury selection.

I, the undersigned, make this representation with the understanding that any dissemination of juror information, either intentional or negligent, will subject me and my client to sanction as a violation of this court's instructions to keep all juror information confidential.

I, the undersigned, authorize my staff to obtain on my behalf the juror questionnaires and certify that they will keep confidential the information contained in the juror questionnaires.

Signature of Counsel of Record: \_\_\_\_\_

Printed Name of Counsel of Record: \_\_\_\_\_

Date: \_\_\_\_\_

If applicable, signature of Person Obtaining Questionnaires: \_\_\_\_\_

Printed Name of Person Obtaining Questionnaires: \_\_\_\_\_

Date: \_\_\_\_\_